

INTER-FACILITY TRANSFER POLICY

1. PURPOSE. This change to Veterans Health Administration (VHA) Directive 97-001 clarifies policy on the transfer of international patients to and from both Department of Veterans Affairs (VA) medical facilities and non-VA facilities.

2. POLICY: Every VA medical facility must have written policies to ensure the safe, appropriate, orderly and timely transfer of patients. These policies must comply with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards (Accreditation Manual for Hospitals, 1994, JCAHO Sections ES 4.1.2.3, "Emergency Services," NC 3.3.1.1, "Nursing Care," RP 1.2.1, "Respiratory Care Services," and RI.I and RI.II, "Patients Rights"), and with all provisions of Title 42 United States Code (U.S.C.) Section 1395 dd(a)-(c). These statutes and the guidelines of the Department of Health and Human Service (HHS) require Medicare and/or Medicaid participating hospitals with emergency departments to provide appropriate screening examinations, necessary stabilizing treatment for emergency medical conditions and active labor, and restriction of transfer until the patient is stabilized. Policies must address emergency and non-emergency transfers, and must have provisions applicable to patients transferring in and out of the facility. If a Veterans Integrated Service Network (VISN) has established procedures for transfer of veterans within and between networks, these procedures must be reflected in the individual medical center's policies.

3. ACTION: Implement, as necessary, the following subparagraph 4i, which is to be included in the original directive as subparagraph i under Paragraph 4:

i. **International Transfer.** The international transfer of veteran patients to VA or non-VA facilities must comply with all of the requirements in this directive. Written communication concerning the clinical transfer of an international patient, i.e., attachments A and B to this directive (application for transfer) must be in the English language. There are no exceptions. Other documents, e.g., medical records, etc., need not be in English.

4. FOLLOW-UP RESPONSIBILITY. The Director, Health Administration Service (10C3), is responsible for the content of this Directive.

5. RESCISSIONS. This VHA Directive and Change 1 expire January 8, 2002.

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Acting Under Secretary for Health

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THIS VHA DIRECTIVE EXPIRES JANUARY 8, 2002